



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200001

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHG INC.

DOING BUSINESS AS OPEN DOOR CAFE

ADDRESS 247 CADY

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: GOODNOW,  
WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MASONRY BUILDING APPROX 40X80, DOOR LOCATIONS: NORTH SIDE, FRONT, WEST SIDE  
, EAST SIDE. OUTSIDE DECK APPROX 9.6X35.0. 340 SQ FT ON EAST SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200003

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TONY & PENNY'S LUNCHEONETTE INC.

DOING BUSINESS AS TONY & PENNY'S REST. & CATERING SERVICE

ADDRESS 18 CANTERBURY STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: SEBASTIAO,  
ANTONIO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS AND A KITCHEN, ENTRANCE AND EXITS TO CANTERBURY ST. 3 EACH

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200004

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GINO TROLIO, INC

DOING BUSINESS AS JOY'S RESTAURANT

ADDRESS 481 CENTER STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: TROLIO, GINO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY RESTAURANT, WITH TWO ENTRANCES/ EXITS. ONE EMERGENCY EXIT  
AND SEPRATE ENTRANCE/EXIT FOR KITCHEN.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200006

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RODRIGUES INC.

DOING BUSINESS AS EUROPA CAFÉ

ADDRESS 782 CENTER ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: RODRIGUES,  
MICHAEL F.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOMS, SLEEPING QUARTERS, KITCHEN, BAR, DINING ROOM AND LOUNGE. ALSO  
A BAR AND LOUNGE IN THE DOWNSTAIRS. FRONT ENTRANCE IS HANDICAPPED  
ACCESSIBLE, ONE BACK DOOR EXIT THROUGH KITCHEN. TOTAL THREE FRONT  
ENTRANCES AND ONE BACK EXIT

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200008

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BENEVOLENT & PROTECTIVE ORDER

DOING BUSINESS AS OF ELKS LODGE # 2448

ADDRESS 69 CHAPIN ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: GRIMES,  
GORDON G.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CINDER BLOCK BLDG, 12 ROOMS, ONE LARGE BANQUET HALL, MEMBERS LOUNGE, KITCHEN, WALK IN COOLER, UTILITY ROOM, TWO OFFICES, STORAGE ROOM, COAT ROOM, TWO REST ROOMS. OUTDOOR PAVILLION

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200010

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUDLOW PIZZA, INC.

DOING BUSINESS AS PIZZA CORNER

ADDRESS 70 EAST ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: PERRAKIS,  
CHARLES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, NO CELLAR. ONE ENTRANCE AND EXIT ON EAST ST

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200011

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANK EVANGELISTA

DOING BUSINESS AS FRANK'S DINER

ADDRESS 99 EAST ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, CELLAR FOR STORAGE, ONE FRONT ENTRANCE, TWO SIDE ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200013

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DIAS AND DIAS, INC.

DOING BUSINESS AS THE MATADOR RESTAURANT

ADDRESS 300 EAST ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: DIAS, MARIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOMS ON FIRST FLOOR, CELLAR FOR STORAGE. EXITS TO REAR AND LEFT SIDE OF PREMISES. TWO ENTRANCES AND EXITS ON EAST ST. ADDITION; FINISHED GAME ROOM TO BE LOCATED IN BASEMENT. REMAINDER TO BE USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200015

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POLISH-AM. CITIZENS CLUB OF

DOING BUSINESS A LUDLOW, MA.

ADDRESS 355 EAST ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: DeSANTIS CLARE TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SPLIT LEVEL STRUCTURE, FIRST FLOOR, HALL LOUNGE, ONE STORAGE ROOM. NO  
CELLAR. FOUR ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200016

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEN-90 INC.

DOING BUSINESS AS UPPER 90

ADDRESS 387 EAST ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: NUNES,  
ARISTIDES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, 2 ROOMS, BAR AND DINING ROOM, CELLAR FOR STORAGE, TWO ENTRANCES  
AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200017

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LACONIA EAST, INC.

DOING BUSINESS AS EL CID LOUNGE

ADDRESS 1002 EAST ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: FERREIRA,  
MICHAEL E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET FLOOR, NO CELLAR, TWO ROOMS, TWO REST ROOMS, KITCHEN AREA, LOUNGE AREA. 3 EXITS MILLER ST. EXIT, EAST ST. EXIT AND REAR EXIT. ALTER OF PREMISE TO INCLUDE A 10' X 14' STORGE AREA.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200018

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUDLOW TENNIS CLUB, INC.

DOING BUSINESS AS LUDLOW TENNIS CLUB

ADDRESS 40 CARMELINAS CIRCLE

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: HUGHES, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3.58 ACRES, 52,000 SQ. FT. BUTLER BLDG., OPERATING AS A TENNIS CLUB ENTRANCE IN FRONT WITH A FIRE EXIT IN THE BACK AND TWO FIRE EXITS ON EACH END AND TWO OVERHEAD DOORS IN FRONT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200019

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROOKSIDE CAFE, INC.

DOING BUSINESS AS

ADDRESS 0006-8 FULLER ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: MICHAEL  
LAFEVER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG WITH FULL CELLAR. FIRST FLOOR HAS LOUNGE, BAR, KITCHEN AND 3 BATHROOMS; CELLAR HAS A MAIN AREA AND TWO SMALL SEPARATE STORAGE AREAS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200021

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARK ENTERPRISES, INC

DOING BUSINESS AS THE LIGHTHOUSE

ADDRESS 108 SEWALL ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: O'NEILL,  
KATHLEEN M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT AND SIDE EXIT. ONE STORY BLDG. STONE FRONT. TWO LARGE ROOMS  
PARTITIONED FOR BAR IN FRONT, KITCHEN AND ROOM WITH TABLES, SEPARATE ROOM  
IN REAR OF BLDG FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200022

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUDLOW FISH & GAME CLUB INCORPORATED

DOING BUSINESS A

ADDRESS SPORTSMEN'S RD.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: HALUCH,  
THOMAS

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLR, SIX ROOMS, BAR LOUNGE, BAR STORAGE, ACTIVITY ROOM. KITCHEN, MAIN HALL, GAME ROOM, FIVE ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200023

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNITY ATHLETIC CLUB, INC.

DOING BUSINESS AS

ADDRESS 161 STATE ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: GANHAO, JOHN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR ENTRANCES, FIRST FLOOR; FIVE ROOMS. SECOND FLR; SEVEN ROOMS, MAIN HALL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200024

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW MONTALEGRE SNACK BAR INC.

DOING BUSINESS AS NEW MONTALEGRE SNACK BAR

ADDRESS 189 STATE ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: ROSA, MARIA  
INES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR FOR BUSINESS, CELLAR FOR STORAGE, BAR AREA INCREASED APPROX 120 SQ FT, 2 FRONT ENTRANCES, ONE SIDE ENTRANCE AND ONE REAR ENTRANCE. EXIT OF PREMISES 41'X22' OPEN APRIL 1ST - OCTOBER 1ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200025

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUDLOW COUNTRY CLUB, INC.

DOING BUSINESS AS LUDLOW COUNTRY CLUB

ADDRESS TONY LEMA DRIVE

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: WANIEWSKI,  
HENRY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1ST FLR; MENS AND LADIES LOCKER ROOMS, TWO RESTROOMS, CARD ROOM, GOLF PRO OFFICE AND DISPLAY AREA AND CONCESSIONAIRE'S STORAGE ROOM. 2ND FLR; BAR ROOM, COAT ROOM, KITCHEN, BANQUET HALL, STORAGE, 2 RESTROOMS. 5 ENT/EXITS WITH HANDICAP ELEVATOR. SQ FOOTAGE-19,150 MEMBERS LOUNGE AND GAME ROOM IN MEN'S LOCKER ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200028

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARQUES & MATEUS INC.

DOING BUSINESS AS MATEUS RESTAURANT

ADDRESS 14 WORCESTER ST.

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: MATEUS, KELLY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, CELLAR FOR STORAGE; THREE ENTRANCES AND ONE EXIT  
TO STATE STREET, TWO ON WORCESTER STREET. OUTSIDE PATIO, 12X50

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200029

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CADY STREET MEAT MARKET INC.

DOING BUSINESS AS CADY STREET MEAT MARKET

ADDRESS 16B CADY ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: MATIAS, JOSE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; TWO ROOMS WITH SELLING AREA. SECOND FLR; LIVING QUARTERS, SIX  
ROOMS, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200030

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RANDALL'S FARM, INC.

DOING BUSINESS AS CENTER PACKAGE STORE

ADDRESS 631 CENTER ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: RANDALL,  
KAREN A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM, STORAGE TO THE REAR OF RETAIL AREA WITH LOCKED ROOM IN MAIN  
STORE. TWO ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200031

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TURNPIKE PKG STORE, INC.

DOING BUSINESS AS

ADDRESS 434 CENTER STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: MINNIE, EDGAR  
R. II

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BLDG WITH CELLAR. ONE ROOM ON MAIN FLOOR USED FOR RETAIL  
SALES. CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200032

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GERMANO INC.

DOING BUSINESS AS FOUR SEASONS WINES AND LIQUORS

ADDRESS 328 EAST ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: ANDRE,  
GERMANO A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH 3064 SQ FEET WITH A CELLAR OF EQUAL SIZE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200033

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C&R HARRINGTON, INC

DOING BUSINESS AS OUR TOWN VARIETY

ADDRESS 259 FULLER ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: HARRINGTON,  
NOEL D

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one floor, two rooms and cellar for storage. Main entrance at front of the store with additional exit in the rear of the building that opens up to a small driveway. Additional 400 sq ft of retail space

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200034

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAHIR HUMAYUN

DOING BUSINESS AS E-Z SHOP CONVENIENCE

ADDRESS 00546A CENTER STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: HUMAYUN,  
TAHIR

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL STORE 30'X28' CONTAINS A COOLER 20'X10'. TOGETHER WITH STORAGE SPACE TO THE REAR. THE BACK DOOR TO THE PREMISES IS USED ONLY FOR DELIVERY PURPOSES AND IS NOT OPEN TO THE PUBLIC.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200035

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Pop and Kork, Inc

DOING BUSINESS A

ADDRESS 206 HOLYOKE ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: Rodrigues, Idalina

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS UPSTAIRS FOR STORAGE, TWO ROOMS DOWNSTAIRS , OFFICE AND  
WAREHOUSE, SALES AREA ENTRANCE ON SIDE, REAR LOADING AREA IN REAR OF  
BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200039

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAVARES & BRANCO ENTERPRISES, INC.

DOING BUSINESS AS VILLA ROSE RESTAURANT

ADDRESS 1428 CENTER ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: TAVARES,  
ANTONIO E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BLDG WITH FULL BASEMENT. MAIN ENTRANCE AT FRONT  
WITH FIRE EXITS AT EACH SIDE AND REAR. SEPARATE ENTRANCE TO KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200040

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREMIO LUSITANO CLUB, INC

DOING BUSINESS A

ADDRESS 385 WINSOR ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: GRELHA,  
FREDERICO

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BANQUET HALL, KITCHEN, LOBBY, BRIDAL ROOM, COAT ROOM, STORAGE ROOM,  
RESTROOMS AND EXERCISE ROOM. 1ST FLR 5 ENTRANCES AND EXITS, 2ND FLR BAR,  
CARD ROOM, OFFICE, LOUNGE, RESTROOMS. 2ND FLR HAS THREE ENTRANCES AND  
EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200042

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DIAS-NUNO INC.

DOING BUSINESS AS PRIMAVERA CAFE RESTAURANT

ADDRESS 257 EAST STREETT

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: NUNO, JACK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEW STORAGE ROOM MAIN ENTRANCE ON EST SIDE OF BLDG. SECOND ENTRANCE ON THE NORTH SIDE IN THE DINING ROOM. TWO ENTRANCES AND EXITS. RELOCATION OF BAR AND SITTING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200043

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Alexander's the Great Restaurant, Inc

DOING BUSINESS AS Alexander the Great Pizza & Restaurant

ADDRESS 200 CENTER STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: KOLENOVIC,  
FERAT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, RESTROOM IN BACK, ONE EXIT AND ENTRANCE IN FRONT AND ONE IN REAR. COUNTER, KITCHEN AND STORAGE ALSO ON FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200044

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OSCAR'S PIZZA RESTAURANT, LLC

DOING BUSINESS AS OSCAR'S PIZZA RESTAURANT

ADDRESS 973 EAST ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: YANBUL, SULTAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AND EXITS LOCATED ON LEFT AND RIGHT FRONT OF BLDG ON EAST ST. DINING AREA ON LEFT SIDE OF BLDG SEPARATE FROM TAKE OUT AREA ON RIGHT. TOTAL PREMISES APPROX 12,500 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200045

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED FORTUNE., LLC

DOING BUSINESS AS GUNG HO RESTAURANT

ADDRESS 305 CENTER ST

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: WANG, JIAN YU

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

TWO STORY WOOD FRAME STRUCTURE, ONE ENTRANCE ON EAST ST, TWO  
ENTRANCES/EXITS FACING PROSPECT ST. ALTER OF PREMISE TO INCLUDE CLOSING OFF  
22 OPENINGS LEADING TO DINING SIDE. COUNTER/BAR RECONFIGURATION TO 12' X 10'  
SEATING CAPACITY TO 9 SEATS AT BAR AND 23 SEATS AT TABLES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





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239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200046

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNCLE BOB'S,INC.

DOING BUSINESS A UNCLE BOB'S GENERAL STORE

ADDRESS 967 EAST STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: GOMES,  
FERNANDA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE AND EXIT AND TWO REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200049

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PROFESSIONAL GOLF MANAGEMENT INC.

DOING BUSINESS AS

ADDRESS LUDLOW MUNICIPAL GOLF COURSE

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: KUBINSKI, BILL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CLUBHOUSE, KITCHEN, STOREROOM, TWO FRONT TWO REAR  
ENTRANCES/EXITS, OFF STONY BROOK RD. EXTENTION OF PREMISES FOR A 600 SQ. FT.  
PATIO AT LUDLOW MUNICIPAL GOLF COURSE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200050

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RODRIGUES INC.

DOING BUSINESS AS EUROPA CAFÉ

ADDRESS 390 WEST STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: RODRIGUES,  
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

SINGLE STORY..1755 SQ FT BUILDING CONSISTS OF AN EXISTING RESTAURANT WITH A FRONT ENTRANCE/EXIT ON WEST STREET AND A SIDE AND REAR EMERGENCY/DELIVERY DOORS... THE EXISTING RESTAURANT CONSISTS OF APPROX. 310 SQ FT OF THE REMAINING AREA CONSISTING OF THE KITCHEN, WALK IN COOLER, DRY STORAGE, MALE/FEMALE BATHROOMS AND OFFICE SPACE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200051

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHARD RUBNER

DOING BUSINESS A RED BRIDGE BAIT & TACKLE

ADDRESS 1129 EAST STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: RUBNER,RICHARD

TYPE OF LICENSE: Package Store  
D

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE BUILDING TO BE LICENSED IS A FIRST FLOOR BUSINESS WITH AN ENTRANCE AND EXIT DOOR ON THE FRONT RIGHT SIDE OF THE BUILDING, AND A EMERGENCY EXIT ON THE LEFT FRONT SIDE OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 063200052

CITY OR TOWN LUDLOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POP N CORK INC.

DOING BUSINESS A POP N CORK

ADDRESS 12 CADY STREET

CITY/TOWN: LUDLOW

STATE: MA

ZIP CODE: 01056

MANAGER: RODRIGUES,  
IDALINA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT DOOR TO BUILDING..SIDE DOOR TO REDEMPTION CENTER...GARAGE DOOR TO  
REDEMPTION CENTER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: